

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. XI.

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R. O. COWLING, A. M., M. D., Editor.

H. A. COTTELL, M. D., Managing Editor.

THE BREAK AT BELLEVUE.

About the most important event in the matter of medical education which has transpired of late is the circular issued by the Bellevue Medical College, announcing that its reforms are at an end, and that hereafter it will return to its old standard, which corresponds with that required by the average American school.

It may be remembered that Bellevue started out upon a higher scale last year. It was to require a preliminary examination, with three sessions of six months each. A single session has tested the matter as far as the school authorities care to go. The faculty of the institution was prepared to meet loss, but it turns out disaster. They were willing to see the class reduced, but it was too much for human nature—and above all medical-school nature—to see the fellow across the street take the stragglers in; and so they will return now to their old plane and fight it out there.

Bellevue has no money save what it can make; and we don't suppose there is any one, except a few impracticables, who will not commend its determination not to starve to death on dignity. So far as we are concerned, we never had more respect for that school than we have now. We had a kind of a sneaking idea that the reforms published last year were bogus. (You see we have seen so much of these medical-school fellows—the old Phenomenon, for instance—that we have n't the highest regard for their

morals.) That they were honest enough to entail serious loss excites our admiration.

But there is a broader view of the matter than any that concerns the private interests of Bellevue. Here is a school of exceeding popularity, in the metropolis, meeting with disastrous failure upon the adoption of the three-term standard. What is the University of Kankakee or the Medical Department of Vancouver's Island to do under the circumstances? If they follow the lead of the American College Association, they must adopt the plan in a couple of years—and then simply cease to exist. Luckily a couple of years is some months off, and there will be opportunity for reflection. Now it is pretty well known that we are staunch defenders of the College Association. We believe, bad as school morals may be within its fold, the probabilities are that they are infinitely worse outside, and we can't bear to think of its going to pieces. If it is simply a trade's union, as some have charged, capitalists though we be, we are in favor of trades' unions. It can not be denied that the three-years' pledge lies as a huge barrier before it, and the Association must be prepared to meet it squarely at Richmond.

How the thing will be done we can not of course say. We imagine that upon the heels of the present bulletins from New York there will be a little postponement of the day when the three-years' standard will be required. The contemplation of the virtuous act will not be without its elevating tendency. In the meantime we may get further returns, and see whether or not the country at large is dying for more cultivated doctors.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS FOR 1881.

We are a little late in calling attention to the excellent enterprise of Messrs. Wm. Wood & Co., of New York, in their Standard Library for this year. Their list for 1881 comprises the following valuable works:

- I. ON ALBUMINURIA. By W. H. Dickinson, M.D.
- II. MATERIA MEDICA AND THERAPEUTICS OF THE SKIN. By Henry G. Piffard, A.M., M.D.
- III. A TREATISE ON DISEASES OF THE JOINTS. By Richard Barwell, F.R.C.S.
- IV. A TREATISE ON THE CONTINUED FEVERS. By James C. Wilson, M.D. With an Introduction by J. M. DaCosta, M.D.
- V. RHEUMATISM, GOUT, AND SOME OF THE ALLIED DISEASES. By Morris Longstreth, M.D.
- VI. A MEDICAL FORMULARY. By Laurence Johnson, A.M., M.D.
- VII. DISEASES OF THE ESOPHAGUS, NASAL CAVITIES, AND NECK. By Morrell McKenzie, M.D., London.
- VIII. ARTIFICIAL ANESTHESIA AND ANESTHETICS. By Henry M. Lyman, A.M., M.D.
- IX. GENERAL MEDICAL CHEMISTRY. A Practical Manual for the use of Physicians. By R. A. Witthaus, A.M., M.D.
- X. THE DISEASES OF OLD AGE. By J. M. Charcot, M.D. Translated by L. Harrison Hunt, M.D. With numerous additions by A. L. Loomis, M.D., etc.
- XI. DISEASES OF THE EYE. By Henry D. Noyes, M.D.
- XII. ON DISEASES OF THE REPRODUCTIVE AND URINARY ORGANS. By Robert F. Weir, M.D.

We have said much in praise of Wood's Library during the past two years. We thought at the start it was one of the most creditable schemes gotten up by American publishers. Each year it has grown in excellence, and this one finds it simply a marvel. The material offered—much of which, it will be observed, is from entirely original sources—and the manner in which it is put forth, with faultless letter-press and exquisite paper, at the price demanded, make it incomprehensible where the returns are to come from the enterprise.

It can only be possible to sustain it by an immense circulation, and we trust the readers of the NEWS will do their part to keep it up. In no other way can a med-

ical library be so reasonably obtained. The subscription for 1881—the library can only be obtained by subscription—is fifteen dollars, which must be sent to the Messrs. Wm. Wood & Co., 27 Great Jones St., New York.

ONE of our city contemporaries wishes to know *why* the mayor of Louisville turned out our only educated veterinary, and put the stables of the fire-department in charge of an old-fashioned "hoss-doctor," as we stated last week. On inquiry we find that the latter individual is thought to be better on the "poll-evil." The reason given is very fine, but will reward patient study.

THE calculators are coming very nearly to a conclusion (so we hear) that the meeting of the Kentucky State Society will be held during the first week in April. We trust the secretary will favor us with a programme in time for next week.

Original.

THE ARMAMENTARIUM OF THE GENERAL PRACTITIONER.

BY WILLARD H. MORSE, M.D.

PART I.

One of the first questions which the young physician asks himself after having received the long-coveted diploma is this, "What instruments shall I need to purchase? Of what shall my collection of instruments consist?" Seeking the answer out of his own heart, he shapes it as his means dictate, going to one or the other of the two extremes of either being very economical or very extravagant. If economy is the governing power he invests in a few articles, and to his chagrin finds at the time of need that he has made a poor choice, or else has omitted the purchase of some instruments of which he stands all too notably in need. If, on the other hand, he had dealt in extravagance, he comes to realize that he has cumbered his case-shelves with instruments which are destined to lie there in markedly impotent state, beautiful in mechanism and as exponents of theory,

but wanting in real practical worth. In either case he is obliged to admit that he might have been more judicious in purchasing, and continued expense and further perplexity is all the consolation he receives.

Disappointment is much too frequently the lot of the young physician who is too anxious to be well equipped. He blames himself, his teachers, and his text-books. His dreams of superlative glory are too rudely dissipated, and he contents himself with carefully repeating that old and much-abused quotation, "It might have been!" He thinks that if he had but known better he would have done differently, but so far as he himself was concerned as an authority he knew no better. As to the teachers, they neglected to give him any advice, and in his text-books he looked in vain for any thing like advisory counsel. Naturally he had to rely on himself, and it was not wonderful that reliance on the purely superficial was such as would not stand proof.

In view of such facts as these it has seemed to me that medical literature stands incomplete without some means of advice on this subject. I do not think I shall be at error in saying that every practitioner, as he enters upon the practice of his profession, looks through the entire range of medical works for a possible work of this kind, and fails to find the thing sought. The nearest approach to it is the surgical instrument-maker's catalogue, but to look through the raw pages of that remarkable pamphlet is no better than to visit the manufactory or store. In either place the seeker after knowledge is fairly drowned in maze. If he seeks refuge in applying to the dealer for advice he is apt to be solemnly informed that as he is supposed to understand all about the use of the various instruments, it is duty to his profession to purchase a specimen of every conceivable kind that there is in stock, or that can be imported! If he escapes alive from this advisor he is more conceited than ever, and has taken into his mind the idea that he knows all about the matter himself. Then if occasion offers when he can consult some brother practitioner on the question the conceit rises in his mind, and his pride does not allow the naming of the query. But there is no conceit that can stand before the printed page. What we do not dare to ask of another because of false shame, or timidity, or pride, we are perfectly willing to learn if it is imparted in writing.

Reasoning in this way it has occurred to me that the young physician who proposes

general practice, as well as the physician whose residence and circumstances do not permit him to know on what premises he had best lay his hands, may both welcome such advice as is, in a general sense, longed for. I have waited for some one better prepared than I to undertake the work of providing such a means. But it has remained undone. We have no such work which can be looked on as adapted to the real nature of the want; and to make for this a partial provision I shall endeavor to give briefly a condensed view of the matter, which may or may not be taken for advice. It will be found that some subjects have been omitted, but I shall attempt to give that which I would have sought for myself and that which I have gleaned—not so much from any actual experience of want which I may have felt—but from the study of the subject as it is given here and there in the text-books and by those who have had years of experience, as well as by those who have made the manufacture of instruments the business of a lifetime.

Imprimis, I wish to say a word on the question of individuality of choice. There are not only innumerable instruments of different kinds on the market, but there are also many of a kind, one differing from another either but slightly or else so appreciably as to have few if any features common to its class. Of course each one has its advocates, and is possessed of more or less legitimate value, so that there is no one of a class that may be called fairly representative of the highest merits. It is therefore difficult to designate any one as "the best," and in what I shall have to say I shall commend those most popular. Among the few things that are hard to discriminate in is this, but it is to be remembered that an instrument which may be unpopular is so only because it is not well enough known. Due allowance for this will be made in what follows.

Another as important a preliminary consideration relates to the perfection of manufacture. It is in truth a lamentable fact which goes far in the dissuasion against choice that there are presented to our notice instruments that are imperfectly made or finished, or outside of this of poor material. Necessarily the manufacturer must have some fallibility and be at fault, and among the makes of the best we occasionally find an imperfect instrument. Other manufacturers there are who have a poor reputation in all their instruments. It is therefore best to prove a certain manufacturer reliable and then to de-

pend on him. To signalize proof it is best to deal carefully. If an instrument is purchased it is always advisable, if you are inexperienced, to compare it with another of the same kind which has stood the test of true trial, and if the comparison is favorable and it does in your hands that which you expect it to do, then can it be proved and esteemed worthy to be used as an index of tests upon its manufacturer. It is well when a manufacturer is shown to be perfectly reliable to give him your confidence. There will be a mutual understanding, and as an outcome a mutual benefit.

Now as to the direct question—of what shall the *armamentarium medicinarum et chirurgicum et obstetricum* consist? There is certainly the widest of margins for a choice. The instruments of our profession are legion. "But"—to use the words of one of our veteran authorities—"as the best workmen employ the fewest tools, so the best operator employs the fewest instruments." And it is therefore in best taste to take to ourselves only the material which is absolutely necessary. Vulgarly shows itself in ostentatious display, and such display means some lack of skill. A few instruments well selected and well preserved are better for our every-day arsenal than many. Those that we really need for the meeting of the possible emergencies of general practice are few in number. To be sure the time has passed when the physician carried in his pocket, as constituting his entire cabinet, the lancet, forceps, and needle. But as these elementary instruments were once the all in all, so now other few will do what they once did. That day when instrumentation was employed only in the direct treatment of disease or the performance of operations is of the remote past. The modern physician goes beyond the simple therapeutics, and in diagnosis, prognosis, and every feature of clinical observation employs the assistance of instruments. Therefore it obtains that he is forced to define as an "instrument" any mechanical tool that may be of material assistance in the science of medicine as he practices it.

Thus it is that the general practitioner, as he looks through the instrument market, should lay down the rule that his purchases should comprise only just such articles as he may rationally consider necessary to his line of practice and his territory. If his is to be the rôle of the specialist he chooses in addition to the general armamentarium those instruments peculiar to his devotion. But the general practitioner knows no specialism.

If he expects to do gynecological work he provides himself with the instruments of gynecology. So with amputation work, with orthopedics, with any individual possibility. But in the realm of general rule he needs "none of these things." He is supremely foolish if he undertakes to purchase them. In the country such indulgence would be unpardonable, and from want of use the instruments would rust. On the other hand, in the city the multitude of aspirants to specialties will take care of all that belongs to their respective lines of practice. There is not in either case any necessity of the general practitioner seeking to do that which is foreign to his position.

Assuming, then, that the general practitioner needs only such instruments as he shall actually require in the prosecution of his legitimate practice, it remains to place the question more intimately, and to ask what those instruments really are? Of necessity it is virtually impracticable for one member of the profession to nominate his brother's needs. It is a thing that is much like attempting to specify what the individuals of a community shall eat without any regard for appetite or choice. One may need that which his brother would never have occasion to use, or he may listen to the minutely scrupulous agent, and read a description of some article, and determine his personal needs to the relation of bare statement. To write the rule of requirement is a specimen of beautiful theorizing, to act it is to deal in unbroken difficulty.

Right here some one may urge on me the "duty" of praising old and well-tried instruments and deprecating those which are new. Such a practice is almost uniformly customary, and yet is not just what should be. Descriptions of new instruments are in every medical journal, and we are kindly informed that Drs. A, B, and C are using them with splendid success. But the wary ones sagaciously shake their heads and set up a note of warning. Prejudice rules on either side. That extremely classical old saw has it that "a new broom sweeps clean," and rationally the fact obtains that an old broom does some very poor sweeping! But with our instruments this is not always the case. We have yet to learn not to condemn a new instrument because it is new. It may do better work than others better known. The doubt is to its benefit. Herbert Spencer may wish to put every thing into the "cognizance of experience," but practically this is beyond receptive possibility.

Not with any design of giving perfect definitive advice on the matter, I propose to speak of such instruments as may possibly be necessary for the general practitioner. Among these I shall not mention any but those which come under that designation. It would be impossible to speak of *all*, and, as I have already said, some that may be "necessary" may be omitted. In carrying out this plan in the limits of a series of brief articles condensation with clearness will be studied, and the one purpose of naming the armamentarium of the general practitioner will be kept in view and no departure made from it. Without a single exception the notes that follow are intended for the benefit of those who desire the information. That this all too imperfect essay may stimulate others to a like effort is the sincere wish of the writer.

HINSDALE, N. H.

Correspondence.

AMERICAN MEDICAL ASSOCIATION.

Editors Louisville Medical News:

The Thirty-second Annual Session will be held in Richmond, Va., on Tuesday, Wednesday, Thursday, and Friday, May 3, 4, 5, and 6, 1881, commencing on Tuesday at 11 A.M.

The delegates shall receive their appointment from permanently organized State medical societies, and such county and district medical societies as are recognized by representation in their respective State societies, and from the Medical Department of the Army and Navy and the Marine Hospital Service of the United States.

Each State, county, and district medical society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

Secretaries of medical societies as above designated are earnestly requested to forward at once lists of their delegates.

SECTIONS.

The chairmen of the several sections shall prepare and read in the general sessions of the Association papers on the advances and discoveries of the past year in the branches of science included in their respective sections. . . . —*By-laws, Art. II, sec. 4.*

Practice of Medicine, Materia Medica, and Physiology—Dr. Wm. Pepper, 1811 Spruce Street, Philadelphia, chairman; Dr. T. A. Ashby, Baltimore, Md., secretary.

Obstetrics and Diseases of Women and Children—Dr. Jas. R. Chadwick, cor. Marlborough and Clarendon Streets, Boston, chairman; Dr. Jos. T. Johnson, Washington, D. C., secretary.

Surgery and Anatomy—Dr. Hunter M'Guire, Richmond, Va., chairman; Dr. Duncan Eve, Nashville, Tenn., secretary.

State Medicine—Dr. James T. Reeve, Appleton, Wis., chairman; Dr. R. G. Jennings, Little Rock, Ark., secretary.

Ophthalmology, Otology, and Laryngology—Dr. D. S. Reynolds, Louisville, Ky., chairman; Dr. Swan M. Burnett, Washington, D. C., secretary.

Diseases of Children—Dr. A. Jacobi, No. 110 W. Thirty-fourth Street, New York, chairman; Dr. T. M. Rotch, No. 77 Marlborough Street, Boston, secretary.

A member desiring to read a paper before any section should forward the paper, or its title and length (not to exceed twenty minutes in reading), to the chairman of the Committee of Arrangements at least one month before the meeting.—*By-laws.*

Committee of Arrangements—Dr. F. D. Cunningham, Richmond, Va., chairman.

Amendment to the By-laws offered by Dr. J. M. Keller, Arkansas:

In the election of officers and the appointment of committees by this Association and its president, they shall be confined to members and delegates present at the meeting, except in the committees of Arrangements, Climatology, and Credentials.

W. B. ATKINSON,
Permanent Secretary.

PHILADELPHIA, 1400 Pine St., S. W. cor. Broad.

THE MONEY QUESTION.

Editor Louisville Medical News:

My idea is that the nearer the doctor comes to doing something which is apparent to the patient the more cheerfully will he get his fee. You published something of this sort a few years since in your maxims of success, one of which, if I remember rightly, ran, "Nine tenths of the world employ a doctor to give them physic. Unmixed advice has a doubtful market-value." It is a fact. Hygienic medicine is all very good in its way, but it is certainly more profitable for the doctor to open a man's bowels than to throw up his window, and to give him a sole-stirring emetic rather than to shut down on his whisky. I know a somewhat popular, and, I think, a tolerably wise doctor, who tells me that he ranks the compound cathartic pill as the most valuable preparation in the pharmacopeia. Four to six of these form the ordinary dose he prescribes. "Upon my second visit," he says, "of course I find my patient somewhat rattled by his remedy, but all the more does

he give me credit for a correct prophecy as to its action; and as he recovers from his prostration in the righting of nature he naturally thinks it was I that cured him."

Perhaps the morals of this sort of practice are a little strained; but I tell you, Mr. Editor, I am a somewhat old-fashioned doctor, and I don't think we are apt to purge too often nowadays, and I am quite certain we do n't vomit enough. I take down my father's old account-book, and as I scan its long and narrow leaves I see no items—he specified what he did—recorded in his true-blue ink oftener than the prices for "a puke" or "a purge." Well, he was an old country doctor, to be sure; but I tell you he made enough to keep his large family pretty comfortable, and to give me a three-years' keep when I started in city-life. A rather extensive neighborhood, too, thought much more of him than it did of Sydenham.

I am a city doctor, though, and I have studied the ways of big practitioners who make their livings among metropolitan patients. Don't you believe it, Mr. Editor, that human nature changes one whit in regard to its notions of disease, among high and low, rich or poor, townspeople or country-folk. With every man and woman of them disease is an *entity*, which must be expelled by direct attack. Fol-de-rol with your popular physiologist. You can not educate them out of it, and what would be the good if we could? Confidentially, Mr. Editor, suppose we made them such skeptics as some of us, where would our living be from physic?

Well, as I said, I have studied the ways of the city magnates, and I tell you that they do best who prescribe most. I knew a superb doctor. He did the biggest practice in physic that any man did in my city. He had a score of good qualities, to be sure. He was intelligent, industrious—he was prompt, attentive (heavens! he *was* a visitor); but I do believe no one of these contributed more to his power than his prescriptions. You never heard him say, "You don't need any thing; you will be all right in a day or so." It was, "Take this"—and, besides leaving a good fortune when he died, he brought comfort to thousands while living.

Well, I think I know one or two other points; but, as I don't want my letter to be too long, if you will permit me I will come again some other time.

TOLERABLY-SATISFIED.

L—

Dr. R. O. Cowling:

DEAR SIR—Your article in the *NEWS* of the 19th inst., entitled "Is Right-handedness Acquired?" I have read and thought of with great interest because of its physiological and pathological bearing. I do not think I ever saw any where the simple facts brought forward before. I think they certainly refute the position of Mr. Charles Reade in "The Coming Man." I am, as the most of our race, right-handed, and have just found by trying your simple experiment that I have always sighted with my left eye, as in shooting, estimating direction, etc.; for on trying the experiment mentioned by you I found by looking at an object with both eyes, and closing the right, that the position of the object was not changed; but on closing the left eye I found that the finger was pointing decidedly to the *left*, which is but another exception to your rule.

I have been aware for some years that I was "hypermetropic," and have been wearing convex glasses to correct the defect. When upon trying your experiment I also found that I was an exception to your rule. I then tested my vision by "Snellen types," which I have hanging in my office, and discovered that there was a decided defect in the *right eye*, requiring my glasses to read XXX at twenty feet with the right eye, and easily reading XX with the left unaided. I have therefore always sighted with the left eye, while I am pronouncedly right-handed. But by the force of education I can and do use my left hand in surgical and obstetrical manipulations; but find also, unless I constantly practice ambidexterity, that I soon lose this "education." In fact, as you remark, perhaps with but few exceptions the process of education to ambidexterity only makes us the more awkward unless constantly "educated."

The point of particular interest to me, however, is the discovery through your experiment that the defect in the vision of my right eye only, renders it necessary I should use X glasses for ordinary sight—that is, that I am only hypermetropic in the right eye—so that the defect is evidently congenital. Hence the use of the left eye in sighting, etc. since my earliest recollection, although right-handed.

I do not think the facts you have elicited are generally known, as I have seen no mention of them in any text-book or other publication.

The experiment should form in the future part of the usual routine of examination for

defective vision. My own eyes were examined by noted ophthalmologists in New York City, three years ago, and the diagnosis was hypermetropia, while the truth is the right eye only is defective; hence the importance of your experiment. I trust that your article will elicit further inquiry in this direction.

J. W. COLLINS, M.D.

COLORADO SPRINGS, COL.

Editors Louisville Medical News:

Will you have the goodness to insert the following in your journal:

At a meeting of the New York Academy of Medicine, held January 20, 1881, the following resolution was adopted:

Resolved, That a committee be appointed by the president to investigate the extent to which leprosy prevails in the United States.

The president appointed as such committee Drs. H. G. Piffard, F. R. Sturgis, and G. H. Fox.

The committee is desirous of ascertaining the actual number of lepers in this country at the present time, and to that end respectfully request any physician who may know of the existence of a case in his neighborhood to communicate the fact to the chairman of the committee, at No. 10 W. Thirty-fifth Street, New York.

H. G. PIFFARD,
F. R. STURGIS,
G. H. FOX.

NEW YORK, February 15, 1881.

Reviews.

An Elementary Treatise on Practical Chemistry and Qualitative Inorganic Analysis. Specially adapted for use in the Laboratories of Colleges and Schools, and by beginners. By FRANK CLOWES, D.Sc., London, Fellow of the Chemical Societies of London and Berlin, Fellow of the Institute of Chemistry, Senior Science Master at the High School, New Castle-under-Lyme, late Science Master at Queenwood College. With illustrations. From third English edition in one 12mo vol., pp. 372. Philadelphia: Henry C. Lea's Son & Co. 1881.

This work, now in its third edition, two of which at least have been reprinted in this country, is justly popular.

Not burdening himself with theoretic discussions, while employing a simple nomenclature with the free use of symbols to illustrate it, the author has been able to condense in a small volume a large and varied amount of information.

At the same time he has not neglected to call attention to the needed apparatus, giving a pictorial figure with each piece to make it the more easily understood. Nor has he failed to describe with minuteness and care every manipulation and reaction met with in carrying out the plan of the work.

Iron and mercury stand as chief among certain elements which seem, in the eyes of some theorists, to disregard the laws of quantivalence, and several ingenious methods of getting around the difficulty have been employed.

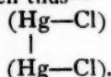
The plan adopted by our author is to cause each of the above-mentioned metals to change its name and identity in passing from artiad to perissad, or contrariwise; and so such terms as ferrosus and ferricus, mercurus and mercurium adorn his pages. This is the first time we have met these words in English text, and for aught we know Mr. Clowes is the first English writer who has made use of them.

The above may be a clever way of making these stubborn metals conform to that rule of quantivalence which denies any element the privilege of training as an artiad in one class of compounds and as a perissad in another; but if such peculiar favor is shown to iron and mercury, then why should copper and vanadium be denied a like endowment, through the magical exercise of which they too may escape the maiming of this modern Procrustes?

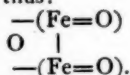
We can not approve of our author's expedient, nor do we intend here to defend the method usually employed by writers on philosophical chemistry, which is to give an element a positive value in one class and a pseudo-value in the other. This is forced and unnatural, but the plan suggested by our author though more graceful is no better, for it is open to the objection that besides being perplexing to the student it introduces new and unnecessary names into a science whose nomenclature is already overloaded.

A better way of avoiding the trouble is that employed by some well-known teachers of this branch of science, which is to answer the question by the theory of compound radicals. For instance, Hg is always an artiad, and in its two compounds mercuric and mercurous chloride its quantivalence remains the same. For while in the former two arms or bonds of valence for Hg are required to maintain the molecule (Hg Cl₂) or (Cl—Hg—Cl), in the latter they are just as certainly needed to hold together the atoms of the more complex molecule (Hg₂ Cl₂),

which can be readily conceived of as containing the two compound radicals (Hg Cl)' + (Hg Cl)', and may be written thus—



So with iron in (Fe₂ O₃) the same method may be employed. Instead of calling Fe a pseudo triad in this case and writing Fe₂ with a valence of vj, we may regard Fe as a tetrad, and express (Fe₂ O₃) thus:



This theoretic nicety aside, there is nothing in the book with which we can find fault. The tables particularly demand praise, for they are admirably formed, both for convenience of reference and fullness of information. In short we do not remember to have met with a book which could better serve the student as a guide to the systematic study of inorganic chemistry.

We could wish that the author had supplemented his work with a short practical treatise on such organic chemistry as the physician has use for, thus enabling it to enter the medical schools as a text-book.

Books and Pamphlets.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Instituted 1847. Vol. XXXI. Philadelphia: Printed for the Association by Collins, 705 Jayne Street. 1880.

HEMIOPIA. Mechanism of its Causation on the Theory of Total Decussation of the Optic-nerve Fibers in the Optic Tract at the Chiasma (Optic Commissure). By William Dickinson, M.D., St. Louis. Reprint from the Alienist and Neurologist, St. Louis, January, 1881.

THE HYGIENE AND TREATMENT OF CATARRH. Part I: Hygienic and Sanitive Measures. Part II: Therapeutic Measures, with forty illustrations. By Thos. F. Rumbold, M.D. St. Louis: Geo. O. Rumbold & Co. 1881.

SYPHILIS AND MARRIAGE: Lectures delivered at the St. Louis Hospital, Paris. By Alfred Fournier, Professor a la faculté de Médecine de Paris, Médecin de la Hôpital St. Louis, Membre de l'Académie de Médecine. Translated by P. Albert Morrow, M.D., Physician to the Skin and Venereal Department of New York Dispensary, Member of New York Dermatological Society, Member of New York Academy of Medicine. Pp. 251; price, \$2.00. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1881.

The author handles this grave social problem without stint. A general perusal of the work would be of untold benefit to society.

Formulary.

TOLLIKOFFER'S MIXTURE FOR RHEUMATISM.

Prof. William Pepper, M.D. (Mich. Med. News), advises the use of Tollikoffer's mixture in articular rheumatism, and gives a case where rheumatism of the ankle-joints (brought on by scrubbing in her bare feet) in a girl of rheumatic diathesis, was treated with the best results by this remedy.

R Pulv. resin guaiaci..... } ãã gr. x;
Potass. iodidi..... }
Tinct. colchici sem..... } 3 ss;
Aq. cinnamomi..... }
Syrupi..... } ãã q. s. ad 3 j.

Sig. A dessertspoonful to a tablespoonful thrice daily.

YERBA SANTA IN PHTHISIS.

In a lecture on pulmonary phthisis in the Philadelphia Hospital, Prof. William Pepper, in speaking of alterative expectorants, says:

The best of this class (resinous alterative expectorants) is perhaps yerba santa. This is a remedy lately introduced. It is the *Eriodactyon glutinosum*, a native of and indigenous to California, and furnishes a resinous extract. It may be prescribed in the form of the fluid extract, and it possesses in a higher degree the power of turpentine and copaiba. It is non-irritating to the stomach, stimulates the appetite, may be given in full doses without causing disgust, and probably exerts a mild local alterative action. When you think it not advisable to employ mercury and iodide of potassium you may use a combination something like this:

R Ammonii chloridi..... 3 iij;
Ext. eriodactyonis, fld..... fl. 3 j;
Syrupi pruni virg., q. s. ut ft, fl. 3 ij. M.

Sig. A teaspoonful every three or four hours.

If necessary, one grain of muriate of morphia may be added to this combination.—*Monthly Review of Med. and Pharm.*

In croupous pneumonia passing into solidification of the lung, and where there is fear that it will pass into caseous degeneration and phthisis, Prof. Pepper, in the same lecture advises—

R Hydrarg. bichloridi gr. 1/4—1/8;
Ammonii chloridi..... gr. v—x.

To be taken dissolved in syrup of acacia.

Iodide of potassium may be used instead of the ammonia, in doses of from two to four grains.

NEW SEIDLITZ POWDER.

Dr. E. J. Kempf, of Ferdinand, Ind., writes, under date of March 4, 1881:

I prescribe the following Seidlitz powder, with better results than the old Seidlitz powder, especially in common colds, where a laxative is indicated:

Tartrate of soda and potash..... 3 ij;
Bicarbonate of soda..... 3 ij.

Dissolve in a half tumbler of water and add—

Powdered tartaric acid..... gr. xxv;
Muriate of ammonia..... gr. v.

Also dissolved in a half tumbler of water. Drink while effervescing.

PHOSPHORUS POISONING.

In phosphorus poisoning, says the Birmingham Medical Review, there is one certain antidote—viz. carbonate of magnesia in one-dram doses every fifteen minutes, until no phosphorescent breath is observed. The uncombined magnesia, by its mechanical action, protects the coats of the stomach from any further action of the phosphorus, and any free phosphoric acid is neutralized by it as it is formed.—*Oil and Drug News.*

Pharmaceutical.

ELEGANT PHARMACY.—We acknowledge the receipt, in neat packages, of the following preparations manufactured by the well-known firm of Hance Brothers & White, Callowhill Street, corner of Marshall, Philadelphia:

Fluid extracts of sarsaparilla, tarraxicum, ergota, sarsaparilla comp., buchu, spigelia and senna, zingiber, stillingia comp., prunus virg, rheum, valerian.

Elixirs of liquorice, cinchona and pyrophosph. iron, gentian and pyrophosph. iron, ferrated cinchona, gentian and sesquichlorid of iron; protoxide iron, quinia, and strychnia; cinchona, iron, and bismuth; gentian, valerianate of ammonia, bromide of potassium; pyrophosphate iron, quinia, and strychnia; phosphates iron, quinia, and strychnia; pepsin, bismuth, and strychnia; cinchona.

Six specimens of phenol sodique, saccharated pepsin.

Pil. colocynth et jalapæ comp., cantharici comp. (U. S. P.), phosphorus comp., ferri iodidi, stomachice, acid arsenios.

Extract of ergot (solid, one grain representing five grains of the powdered ergot) Holmes's American mustard leaves or improved mustard poultice.

Adhesive and ising-glass plaster, absorbent cotton, absorbent cotton-waste, hemostatic and antiseptic cotton, carbolated cotton, iodinated cotton, salicylated cotton, borated cotton, and pink cotton.

We note no lack of homogeneity in any of the fluid preparations. These, with the extracts, powders, pills, plasters, and cotton, look as if fresh from the hands of a master pharmacist. We shall give them a trial, and we expect to find them quite as good as their appearance promises them to be.

BUFFALO LITHIA-WATER, from the celebrated Buffalo Lithia Springs of Virginia, though neglected for some years past, has recently resumed its high place among the natural mineral waters. It comes recommended by Drs. Wm. A. Hammond, Hunter McGuire, and Harvey L. Byrd, and promises to be an agent of great efficacy in the treatment of the gouty or uric-acid diathesis and other affections pertaining to the urinary apparatus.

Miscellany.

FATAL RESULT FROM A WRONGLY-LABELED BOTTLE.—A correspondent of the Denver Tribune, writing from Rosita, Col., says that Mrs. Minnie Morgan, of that town, for two or three days previous to Christmas, had been under a physician's care. Dr. Parker, on Christmas morning, wrote a prescription which contained as one of the medical properties a grain of caffein. This prescription was taken to a drug-store and put up. Previously the justice of the peace of this place had called and had five powders, of a grain each, put up for himself. Taking one of the powders before breakfast he shortly after became very sick, and a physician was summoned, who supposed his patient had been attacked with paralysis, to which he is subject. One of the persons in attendance called at the drug-store and stated the case, and this caused the druggist to examine the prescription and the medicines used. To his horror he found that a recently-arrived bottle, which was labeled on the wrapper "cit. caffein," had on the glass itself a label bearing the words "sulp. atropia." The justice and a lady who had taken a dose recovered, but Mrs. Morgan died after a week's illness. The druggist asserts that the bottle came wrongly wrapped, and he took the not infrequent method of using the bottle, simply tearing enough of the wrapper away to get out the cork. Caffein and belladonna come in bottles of the same size and shape, the former containing less by weight, but not in bulk. In his twenty-seven years' drug business he never before had known of a bottle coming wrongly wrapped.—*Oil and Drug News.*

This is the second case of poisoning, through medicine being wrongly labeled, brought to our notice within a week's time. When will dispensers of medicine avail themselves of the means chemistry gives them for making such fatal mistakes impossible? A drop of a solution of the chloride of gold previously applied to the medicine would have detected the atropia and saved a life.—*Exchange.*

[We would modestly suggest that in this case at least the tearing off of the wrapper would have been as good as gold.]

AN IMPROVED DOVER'S POWDER.—Dr. S. Mitchell, jr., of Hornellsville, N. Y., writes, 'I have been using for some time lately Dover's powder made in a somewhat differ-

ent manner than it is commonly made, and think it a great improvement; and inasmuch as I have never seen any thing of the same kind in medical literature, I think the idea will be as novel to the other members of the profession as it was to myself when first suggested to me by my brother, Dr. J. D. Mitchell (Med. Record). The preparation is simple, and is made by substituting finely-pulverized bromide of potassium for the time-honored sulphate of potassa. The bromide must be ground to a powder nearly as fine as flour, and will be found to answer all the requirements of the sulphate of potassa as to hardness of particles in promoting 'that minute division and consequent thorough intermixture of the opium and ipecacuanha upon which the peculiar virtues of the compound depend.' This is not all, for the bromide is not only a good mechanical but a good medicinal agent in this connection as well. It increases the hypnotic virtues of the compound, and does not diminish but rather increases its anodyne properties. The sleep produced by it is refreshing, and delirium very uncommon, my patients often remarking that the powder did not make them 'flighty,' as Dover's powder had commonly done. The powder is just as agreeable (?) to take as the old original prescription of Dr. Dover, and its diaphoretic tendency is in no way altered. It works like a charm in many forms of headache.

CITRIC ACID TO RENDER WATER SAFELY POTABLE.—Dr. Langfeldt has experimented with a number of substances in studying their applicability to the purpose of destroying microscopic life in drinking-water (Drug-gists Circular). The most striking results he obtained from citric acid. On the addition of one part to two thousand life ceased in from one half to two minutes. Microscopic examination showed that those forms of animalcula supplied with a thick epithelial covering are not affected by this dilute citric acid, but only those with delicate coatings. But as the greater portion of these unwelcome visitors belong to the latter category, and as those of the former variety are visible to the naked eye, a solution of the above-mentioned strength (2000) will suffice as a safeguard. In about one minute after their death these animalcula settle to the bottom of the vessel containing the water, and can always be found in abundance in the sediment. As the solution of citric acid spoils so readily, Langfeldt advises that it should be freshly prepared every day.

A POET PHYSIOLOGIST—THE PRIMÆ VIÆ.
By Thomas W. Poole, M.D., Lindsay, Ont.
(Canada Lancet):

Primæ Viæ, ductus Vitæ,
Has e'er poet sung of thee;
Of thy rich digestive juices,
Of thy automatic sluices,
Acting all in harmony?

Duodenal glands of Brunner,
Rich as jewels in a shrine;
Follicles and crypts submucal,
Grandeur far than palace ducal;
All the works of art outshine.

Epithelial cells columnar
Line thy arches far and wide;
Sentinels, on outpost duty,
Gems of protoplasmic beauty,
Laved by every passing tide.

Here the villi dip their noses;
Gifted with a wond'rous power,
Not of smell, but of selection,
Of acceptance or rejection
Of the products of the hour.

Noble villi! Who instructs ye
Thus to choose our boon or bane;
How do ye secure your treasure,
How transmit it at your leisure?
Questions, yet to ask, in vain.

Organs delicate, and molded
On a microscopic plan;
Working transformations mighty,
Is it not the ductus vitæ,
After all, that makes the man?

See that particle of butter,
Now an oil globe on its way;
The saliva lightly kiss'd it,
But the gastric juice has miss'd it,
And the purling stream has whisk'd it
In a duodenal bay.

There coquetting with a portion
Of the undigested rice,
The hepatic fluid meets them,
Pancreatic juices greet them,
And they're married in a trice.

Thus emulsified and chylous,
Higher still the process goes;
Villous, lacteal, lymphatic,
Vital, chemical, and static,
Till to bioplasm it grows.

Primæ Viæ, ductus Vitæ,
Half thy story is unsung;
Uncongenial much that passes—

[Excuse us; the poet here grows too realistic for refined taste. We regret that our author's muse, which promised so much at the outset, should have become Walt Whitmanized so early in its flight.]

It is dangerous to take potassium chlorate *ad libitum*. A death, caused by swallowing a quantity of this drug, by a patient for whom it had been prescribed as a constituent of a gargle, is reported from New York.

PARASITES OF TYPHOID FEVER.—Eberth examined twenty-five cases of typhoid fever and found organisms twelve times, six times in the spleen and twelve times in the lymph-glands. The more recent cases showed the organisms more frequently than the older. Parasites could not be found in other organs than the lymph-glands, spleen, and intestinal follicles. Eberth describes the parasites, which often appear in great masses, as rod-shaped formations with mostly homogeneous contents and delicate contour. He found that they were only faintly tinged with Bismarck-brown and methyl-violet, which fact distinctly distinguishes them from the parasites of decomposition, the putrefaction bacteria. From the organisms found in pyemia and diphtheria they are distinguished both in form and color-reaction by the same tests as above mentioned. Likewise are they distinguishable from the organisms found in many pneumonias.—*Virchow's Archiv.*

A MERE MATTER OF APPRECIATION.—The following dialogue occurred in a court of justice (*Medical Times and Gazette*). The president: "Well, it is proved that you poisoned your wife with laudanum." The accused: "O, dear, no; I gave her too large a dose, that's all." The president: "But this is not an attenuating circumstance." The accused: "O, yes; by taking a favorable view of it you can only condemn me for the illegal practice of medicine."—*Presse Medical Belge.*

Nos. 246 (Vol. X, No. 11), dated September 11, 1880, and 250 (Vol. X, No. 15), dated October 9, 1880, of the NEWS are wanted to complete our files. We need about twenty-five copies of each, and subscribers having these to spare will confer a great favor on us by mailing them to MEDICAL NEWS, care of John P. Morton & Co., Nos. 156 and 158 West Main Street, Louisville, Ky.

EXPERIMENTS with gun cotton at Woolwich demonstrate that the transmission of detonation from one mass of gun cotton to another not in contact was so rapid that a row of cotton reaching from London to Edinburgh could be fired in two minutes.—*Druggists Circular.*

SMALLPOX AND DIARRHEA are visiting Chicago. Smallpox at last accounts was increasing in amount (*Medical Record*). The diarrhea appeared as an epidemic. It was not violent in character. The cause assigned is bad sewerage.

Selections.

Boots—Keep the Feet Dry.—The discomforts of an inclement season are mainly due to having to encounter it in unsuitable clothing, and we believe that the pleasures of outdoor exercise are to the young, enhanced rather than otherwise by boisterous weather, provided the apparel is calculated to resist it. Of all articles of clothing nothing is more important in weather such as we have been lately enduring than the boots, and the quality of these largely affects the power of the individual to avoid the risks attendant upon snow and thaw (*London Lancet*). A cheap pair of machined-boots made of green absorbent leather, and stitched with unwaxed thread, are admirably calculated to eat up the saving in their initial cost with a bill for medical attendance, and it should be remembered that in purchasing boots it is of prime importance to see that the leather is properly tanned and well seasoned, that the threads are waxed and the stitches sufficiently close. At such a time some extra protection for the feet is commonly resorted to, and for those who need an overshoe to keep the feet clean and dry when paying visits of ceremony there is nothing better than the American overshoes made of cloth and india-rubber, and popularly known on the other side of the Atlantic as "Jemimas." These keep the feet warm as well as dry, and are a great improvement on the old golosh. To keep the feet warm, however, there is nothing like brisk walking, and overshoes of all kinds are a great hindrance to exercise. How can we get exercise and keep the feet moderately dry as well? That is the problem to be solved. In very bad weather the boots should be greased or buttered instead of being polished, and it will be found that water will run off upper leathers so treated. The absorbent sole, however, remains, and no matter what thickness of leather be used the sole gets to a certain extent saturated after a long walk in the damp, and the evaporation from a wet sole is the great cause of cold feet when the exercise is finished. It is a great object to keep the absorbent sole out of the damp if possible. To effect this there is no better contrivance than the very homely one of having a few hobnails driven into it, and since these may be quickly applied to any pair of boots, and do not (or need not) materially increase the weight or clumsiness of the boot, we think such a course is strongly to be recommended. The advantages of them are the following: 1. They keep the sole from one eighth to a quarter of an inch off the damp ground. 2. They give a firm hold on snowy or greasy pavements when locomotion is almost impossible in ordinary boots. 3. They allow the sole to drain of such moisture as it picks up, and by keeping a layer of air beneath the sole and the damp ground they increase the warmth of a boot just as the familiar expedient of a wisp of straw keeps the foot warm when placed inside of a boot. 4. They are very cleanly, and by giving fewer points of contact between the sole and the ground they prevent to a great extent the splashing which is caused by the sharp contact of a wide heavy sole with a sloppy pavement. There are undoubtedly disadvantages, the chief of which is the sound; but, on the whole, in damp weather hobnails are a rare luxury, and we believe that those who are tempted to follow our advice will not blame us for devoting a few lines to the hygiene of "clouted shoon."

A Clinical Demonstration of the Accuracy of Cerebral Thermometry.—Professor Arata, of the University of Geneva, removed a tumor from the neck of a man aged fifty years, and was obliged to tie the right common carotid during the operation. Five hours later Professor Maragliano applied thermometers to the head and found the following temperatures: Frontal region, right, 35.9° C.; left, 37.6° C. Temporal region, right, 34.3° C.; left, 37.4° C. Occipital region, right, 36° C.; left, 36.2° C. Mean of midhalf, right, 35.4° C.; mean of midhalf, left, 37.1° C. Now as the cerebral cortex in the frontal and parietal regions is irrigated by the anterior and middle cerebral arteries, both branches of the internal carotid, it is evident that ligation of the common carotid must have diminished their blood supply with a probable result of lowering the temperature. On the other hand, the occipital lobes are nourished by the posterior cerebrals, branches of the vertebral, and their blood supply and temperature, we might infer, would not be affected. The thermometrical readings and the changes in the blood supply thus corresponded.—*Medical Record.*

Dr. Rogers on a Case of Chronic Complete Inversion of the Uterus Successfully Treated by Sustained Elastic Pressure.—S. B., twenty-nine years of age, had a child two years ago. Delivery was followed by great bleeding, and metrorrhagia had continued more or less ever since (*Med. Press and Circular*). On admission a tumor was felt in the vagina as large as a turkey's egg. A ring encircled its neck, but the sound could not be passed more than a line or two above this. On the 28th of April Dr. Aveling's double-curved repositor was applied and adjusted by Dr. Aveling. After twenty-four hours the strings were tightened, the patient very comfortable. About sixteen hours later she experienced great relief; something had given way and the strings had become loose. On examination the repositor was found within the uterus, high up, and was removed without difficulty. The uterus was entirely restored. Dr. Aveling stated that since he had invented his repositor, last year, five cases had been successfully treated by it.

On the Induction of Abortion as a Therapeutic Measure.—Dr. Priestley read a paper before the Obstetrical Society of London on the above subject. The author considered that the indications for the induction of abortion as distinct from the induction of premature labor had never been laid down with sufficient precision in this country (*Med. Times and Gazette*). It was usual to say that each case must be judged on its merits, and this lack of rules might unfortunately lead to serious abuse. Examples had repeatedly come within his knowledge where abortion had been provoked for reasons which seemed to him quite inadequate. Though the medical man was no doubt acting in entire good faith in these cases it would have been very difficult to sustain his action in a court of law. For instance, in one case abortion was induced at the fourth or fifth month on account of a bad rupture of the perineum at the last confinement. In a succeeding pregnancy a sound was introduced with a similar object at the end of a month. This, however, had no effect, and she went the full term, and had an easy and natural labor. In a second instance an attempt was made to induce abortion at the second month because the patient had aborted not long before, and it was feared that pregnancy had

recurred too speedily, while a much-desired journey would have to be postponed if miscarriage recurred at the same period as before. Fortunately the attempt failed, and the patient went to her full term. It was often necessary to remind wives and mothers that even spontaneous abortion is sometimes more damaging to health than natural parturition, more frequently lays the foundation of disease, and, if repeated, abridges the period of youth and comeliness. These risks were necessarily greater if abortion was induced. The reasons which may be adduced as justifying the induction of abortion are the following:

1. Pelvic deformity so great as to preclude the birth of a viable child.
 2. Narrowing of the genital canal by tumors, cicatrices, or cancer, so as to prevent the passage of a viable child. Great care was here necessary to not over-estimate the amount of obstruction. If a series of cases of caesarian section with fair success should occur the reasons for inducing abortion in such instances would be undermined. In cases of cancer there was fair ground for this operation, since the woman had but a short time to live in any case.
 3. In obstinate vomiting of pregnancy, when all other expedients are fruitless, and a fatal result is anticipated if relief can not be afforded.
 4. In eclampsia abortion should only be induced as a last resort to save life.
 5. In irreducible retroversion or retroflexion of the gravid uterus, but only when life is seriously threatened, not merely because the displacement is irreducible.
 6. In severe hemorrhage.
 7. In certain other diseases where the complication of pregnancy is undoubtedly endangering life.
- The responsibility of inducing abortion should never be undertaken without a consultation of two or more medical men, and M. Tarnier had even suggested that a legal declaration should be made to the public prosecutor in every case. He would lay it down that the induction of abortion is only legitimate when the life of the mother is so imperiled by the continuance of pregnancy that emptying the uterus presents itself as the only alternative to save the mother. In insanity, chorea, and the like, the proper treatment was probably to treat the morbid conditions, and leave the pregnancy to take care of itself.

Eczema of the Nipple in Pregnancy.—Dr. Thomas Chambers exhibited before the Obstetrical Society of London a drawing from a case of eczema of the nipple in both breasts in a woman aged twenty-one, married six months, and five months advanced in her first pregnancy (*Medical Times and Gazette*). The disease commenced when she was two months pregnant. After confinement it began to disappear, and no trace remained after six weeks. In two cases of long standing, apart from pregnancy, under his care, the eczema had been cured by treatment directed to the uterus, uterine symptoms having also existed.

Treatment of Obstinate Vomiting by Electricity.—Dr. Leven reports several cases of persistent vomiting treated successfully by the application of electricity to the interior of the stomach. The conducting-wire is inserted into the stomach by means of the esophageal sound. Dr. L. states that after four or five applications he has been able to check vomiting that resisted all other treatment.—*Progrès Médical*; translated by L. S. O.